

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 SEP 21 AM 9:14

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jan Rappolt

Political Party (if applicable)

Office Sought

City Council

District (if Senate or House)

**FORM
DR-2**

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Genevieve Rappolt
SIGNATURE OF PERSON FILING REPORT

(712) 574-9827
TELEPHONE

9/17/09
DATE SIGNED

I AM FILING A

9/17/09

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

10/6/09 Primary
County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,354.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$4,205.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$4,205.00

\$4,205.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$1,850.94

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

2,354.06

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$50

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO ☐

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/14/09	ID# CK# 8086	Nancy Guillaume 4645 Military Road Sioux City, IA 51103		\$20	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 2462	Claryce L. Evans 4533 Cheyenne Blvd. Sioux City, IA 51104		50	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 3412	Eric M. Newhouse 2627 S. Lyon St. Sioux City, IA 51106		30	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 9905	Roger F. Wendt 2313 Seneca Way Sioux City, IA 51104		50	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 9673	Stephan Avery 31726 E. Horse Lake Dr. Sioux City, IA 51108		100	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 1038	Renee A. Brostrom 1785 Curtis Bridge Rd North Liberty, IA 52317		100	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 5458	Rita Goeken P.O. Box 202 Spencer, NE 68777		100	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 2035	Phil Lavin- Lavin Enterprises 4347 Springfield St. Sioux City, IA 51108		100	<input checked="" type="checkbox"/>
6/14/09	ID# CK# 35685	McDonald Smith 505 5th St. Suite 530 Sioux City, IA 51101		100	<input checked="" type="checkbox"/>
6/14/09	ID# CK#	Matt Pick 419 Omaha St. Sioux City, IA 51103		45	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 695

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

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6/14/09	ID# CK# cash	Eric Glover 2300 Indian Hills Drive Sioux City, IA 51104		\$100	<input checked="" type="checkbox"/>
6/14/09	ID# CK# cash	Charles Jennings 2300 Indian Hills Drive Sioux City, IA 51104		\$ 100	<input checked="" type="checkbox"/>
6/15/09	ID# CK# 999	Victor Johnson 205 E. 78th Street Kearney, NE 68847		\$30	<input checked="" type="checkbox"/>
6/15/09	ID# CK# 3374	Zach Durr Science Nutrition 1925 Hamilton Blvd. Sioux City, IA 51104		\$250	<input checked="" type="checkbox"/>
6/26/09	ID# CK# 5527	Penny Fee 2901 Nebraska Street Sioux City, IA 51104		\$100	<input checked="" type="checkbox"/>
6/29/09	ID# CK# 2257	Pat Mack 445 N. Plum Street Vermillion, SD 57069		\$50	<input checked="" type="checkbox"/>
7/15/09	ID# CK# 2098	David A. Dawson 400 Essex Streect Sioux City, IA 5103		\$50	<input checked="" type="checkbox"/>
7/23/09	ID# CK# 3192	Lewis F. Weinberg 3905 Country Club Blvd Sioux City, IA 51104		\$500	<input checked="" type="checkbox"/>
7/27/09	ID# CK# 12931	Rick Mullin 3715 Cheyenne Blvd. Sioux City, IA 51104		\$100	<input checked="" type="checkbox"/>
7/27/09	ID# CK# 3848	David Somsy 4518 4th Avenue Sioux City, IA 51106		\$25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1305

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
8/13/09	ID# CK# 404	Renee A Brostrom 3047 Newland Way Oskaloosa, IA 5257-8913		\$25	<input checked="" type="checkbox"/>
8/13/09	ID# CK# 7384	James W. Jung 2222 Jackson Street Sioux City, IA 51104		\$200	<input checked="" type="checkbox"/>
8/15/09	ID# CK# 1071	Matt Pick 12404 Pioneer Avenue LeMars, IA 51031		\$100	<input checked="" type="checkbox"/>
8/20/09	ID# CK# 14540	Al Sturgeon 507 7th Street Sioux City, IA 51101		\$200	<input checked="" type="checkbox"/>
8/21/09	ID# CK# 35891	McDonald Smith 505 5th Street/ Suite 530 Sioux City, IA 51101		\$500	<input checked="" type="checkbox"/>
9/1/09	ID# CK# 5600	Rita Goeken PO Box 202 Spencer, NE 68777-0202	Grandmother	\$15	<input checked="" type="checkbox"/>
9/1/09	ID# CK# cash	Shayla Hood 501 9th Street Norfolk, NE 68701	Sister	\$60	<input checked="" type="checkbox"/>
9/10/09	ID# CK# cash	Matt Pick 12404 Pioneer Avenue Le Mars, IA 51031		\$15	<input checked="" type="checkbox"/>
9/10/09	ID# CK# cash	Arthur Clark 711 23rd Street Sioux City, IA 51104		\$10	<input checked="" type="checkbox"/>
9/10/09	ID# CK# 2002	Laborers Local 430 3038 S Lakeport Street Sioux City, IA 51106		\$1,000	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2,125.

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
9/14/09	ID# CK# cash	Teresa Wolff 119 Gilman Terrace Sioux City, IA 51104		\$20	<input checked="" type="checkbox"/>
9/14/09	ID# CK# cash	George Boykin 2201 Terrace Place Sioux City, IA 51104		\$20	<input checked="" type="checkbox"/>
9/14/09	ID# CK# cash	Rosie McNertney 3441 Stone Park Blvd Sioux City, IA 51104		\$20	<input checked="" type="checkbox"/>
9/14/09	ID# CK# cash	Amber Fordyce 4327 N. Fieldcrest Drive Sioux City, IA 51104		\$10	<input checked="" type="checkbox"/>
9/14/09	ID# CK# cash	Dave Somsy 4518 4th Avenue Sioux City, IA 51106		\$10	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 80

TOTAL (if last page of this schedule)

\$ 4,205⁰⁰

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/29/09	ID# CK# 1001	Record Printing Sioux City, IA	Cowboy Cards/Pamphlets	\$ 431.79
8/3/09	ID# CK# 1002	Record Printing Sioux City, IA	Cowboy Cards/Pamphlets	\$48.15
8/15/09	ID# CK# 1003	Studio B Graphics Sioux City, IA	T-Shirts	\$321
9/14/09	ID# CK# 1004	Avery Brothers Sioux City, IA	Billboard	\$1,050
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,850.94
TOTAL (if last page of this schedule)				\$ 1,850.94

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Team Rappolt

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/14/09	Mary Ann Schuldt 3009 South Coral Street Sioux City, IA 51106		Wine, iced tea candy	\$ 50.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 50.00	
TOTAL (if last page of this schedule)				\$ 50.00	

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Page 1 of 1
(for Schedule E)